

AA Nursing Care Limited

Business Services Bromley

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 14 August 2017 and was announced because we wanted to ensure that the registered manager would be available. AA Nursing Care Limited – Business Services Bromley is a domiciliary care agency providing care and support to people in the London Borough of Bromley. At the time of our inspection there were five people using the service.

The service had a registered manager in post who had registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, registered managers are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

At this inspection we found breaches of legal requirements because risks to people had not always been assessed to ensure they were minimised, the provider's quality assurance and recording systems were not always effective in driving improvements, and because recruitment practices were not always robust. You can see the action we told the provider to take at the back of the full version of the report.

People were supported to take their medicines as prescribed by trained staff, where this was a part of their agreed plan of care. Medicines records were up to date and accurate, although improvement was required to ensure people's care plans included details of any specific requirements people had with regard to the administration of individual medicines.

There were sufficient staff deployed by the service to safely meet people's needs. People were protected from the risk of abuse because staff had received safeguarding training. They were aware of the types of abuse that could occur and the action to take if they suspected abuse. Staff were supported in their roles through training and supervision and people told us they considered the staff supporting them to be competent.

People received support to eat and drink in sufficient amounts where this was an agreed part of their care plan. Staff confirmed they supported people to access healthcare services if and when needed. People confirmed staff sought their consent when offering them support. Staff told us, and records confirmed that people were able to make decisions around the support they received for themselves. The registered manager was aware of their responsibilities with regard to the Mental Capacity Act 2005 (MCA). None of the people receiving a service from the provider were deprived of their liberty.

People told us that staff treated them with kindness and consideration, and that they were treated with dignity. Staff respected people's privacy and involved them in decisions about the support they received on a daily basis. People had been involved in developing their care plans which reflected their individual needs and preferences.

The provider had a complaints policy and procedure in place and people told us they knew how to raise

concerns. The registered manager told us the service had not received any complaints since registering in 2016 and this was reflected in the discussions we had with people.

The provider had systems in place to seek feedback from people about the service they received, although these were informal due to the small size of the service. People confirmed their views had been sought on a regular basis and told us they were happy with the service they received. Staff told us they worked well as a team and spoke positively about the support they received from the registered manager and management team.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

Risks to people had not always been assessed to ensure they were managed safely.

Recruitment processes were not always robust. There were sufficient staff deployed by the service to safely meet people's needs.

Medicines were managed safely although improvement was required to ensure specific requirements relating to people's individual medicines were identified in people's care plans or medicine administration records (MAR).

People were protected from the risk of abuse because staff were aware of the types of abuse that could occur and the action to take if they suspected abuse.

Is the service effective?

Good 

The service was effective.

Staff were supported in their roles through training and supervision.

People confirmed staff sought their consent when offering them support. The registered manager was aware of their responsibilities with regard to the Mental Capacity Act 2005 (MCA).

People were supported to maintain a balanced diet where this was part of their assessed needs.

People had access to healthcare services when required.

Is the service caring?

Good 

The service was caring.

People told us staff treated them with care and consideration, and that their privacy and dignity was respected. Staff were

aware of the action to take to ensure people's privacy was maintained.

People told us they were involved in making decisions about their care and treatment.

Is the service responsive?

Good ●

The service was responsive.

People had care plans in place which reflected their individual needs and preferences. People confirmed their individual needs were met.

The provider had a complaints procedure in place. People confirmed they knew how to complaint but told us they had not needed to do so.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

The provider did not always have effective systems in place to monitor the quality and safety of the service provided. Records relating to people's support and the management of the service, were not always accurate.

People and relatives spoke positively about the management of the service. Staff told us they were well supported in their roles and that they worked well as a team.

The provider had systems in place for seeking feedback from people using the service to ensure they were happy or to help drive improvements.

Business Services Bromley

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 14 August 2017 and was announced. We gave the provider two working days' notice of this inspection because we wanted to ensure the registered manager would be available when we visited. The inspection was conducted by one inspector.

Before our inspection we reviewed the information we held about the service which included any enquiries and the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We asked the local authority commissioning team for their views of the service. We used this information as part of our planning for the inspection.

During the inspection we spoke with three people using the service and one relative by telephone. We also spoke with the registered manager, two members of the office staff and three care staff. We looked at four care plans, five staff files and other records relating to the management of the service, including policies and procedures, medicine administration records (MAR) and the staff training matrix.

Is the service safe?

Our findings

People spoke highly of the support they received and told us they felt the service was safe. One person said, "I've not had any concerns about safety." Another person commented, "I feel safe and am quite happy with what they [staff] do." However, despite this positive feedback, we identified some issues with the way in which risks to people had been considered by the service to ensure their safety.

Risk assessments had not always been consistently conducted in areas relevant to people's support needs. For example, we found that a moving and handling risk assessment had not been conducted for one person who required the use of a hoist when mobilising. This placed the person at risk because there was no guidance in place for staff to follow to ensure they supported them safely when using the hoist. In another example we found environmental risk assessments had not always been conducted. These covered areas of potential risk including fire safety and the identification, and safe management of possible trip hazards within the person's home. The failure to assess these areas placed people at potential risk.

These issues were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014). We raised these concerns with the registered manager who confirmed they would look to review people's risk assessments and ensure they were updated where required following our inspection.

The provider undertook checks on new staff before they started work for the service, but these were not always robust. Staff files contained proof of identification as well as evidence of criminal records checks having been conducted to reduce the risk of employing unsuitable staff. However, we found full employment histories had not always been sought in line with current regulatory requirements. We also noted that the reasons for any gaps in staff member's employment histories had not always been followed up to demonstrate they had been considered by the provider. Additionally we found inconsistencies in the employment history provided by one staff member when comparing their CV to the application form they had completed. Senior staff confirmed they were not aware of this issue when we raised it with them so it had not been followed up with the staff member in question.

Staff files contained details of professional and personal references. However the professional references received did not always identify the organisation or position of the person providing the reference to demonstrate where they had come from. We also saw examples of personal references having been provided from people identifying themselves as the staff member's friend, who therefore may be biased in their views.

These issues were a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).

People told us that there were sufficient staff deployed by the service to ensure they received the support they required in a timely manner. One person said, "I've never had any missed visits and the staff are usually on time, give or take." Another person told us, "I've not had any problems with call timings." A relative commented, "They [staff] come at the right times and if there's a delay for any reason, they call and let us

know." A staff member told us, "The office makes sure I have time to travel between my calls so I can get to them on time without and problem." Records showed that the service had sufficient staff employed to safely cover the visits they made to people and that travel time had been included when determining visit times. This enabled staff to attend at the times people expected them.

People told us that staff supported them with their medicines where this had been agreed as part of their care plan. One person said, "The carers help me with my medicines and I'm happy to have the help." Another person told us, "I get help with my medicines, and at the right times." Staff had received training in medicines administration and had their competency assessed by the registered manager, although records of competency assessments had not been maintained to identify the dates on which they had been undertaken or when they were due to be refreshed. We raised this with the registered manager who told us they would update staff records to include this information. Records showed staff also received spot checks which included an assessment of the medicines support they provided people. No issues had been identified in the sample we reviewed.

Staff completed medicine administration records (MARs) which confirmed people received their medicines as prescribed. Staff were also aware of any potential issues around people's medicines that they should be aware of. For example, staff were aware that one person required support to take a particular medicine at least half an hour before eating to ensure it was effective and confirmed that they did so as part of the person's daily routine.

However, improvement was required to ensure this information was included in the person's care plan and to ensure care plans accurately identified the visits at which people required support with their medicines, as this was not always clearly recorded. We spoke with the registered manager about these issues and they confirmed they would arrange to update people's care plans with the relevant information promptly following our inspection.

The provider had policies and procedures in place to protect people from abuse. Staff had received training in safeguarding adults. They were aware of the types of abuse that could occur and the action to take if they suspected abuse. One staff member told us, "I would report any concerns to the manager. If I felt I needed to, I could also whistle blow and call social services." The registered manager confirmed they were the safeguarding lead for the service and knew the procedure for reporting safeguarding allegations to the local authority and CQC. There had been no safeguarding concerns involving the service at the time of our inspection.

Is the service effective?

Our findings

People and relatives told us they received support from staff who were competent in their roles. One person said, "The staff seem to have had sufficient training; they know what to do while they're here." Another person told us, "The carers know what they're doing; they've been excellent." A relative commented, "It doesn't matter who visits; they're all well trained so the care [their loved one] gets is the same."

Staff received an induction and training in a range of areas relevant to people's needs when they started work for the service. One staff member told us, "I had plenty of training when I started. I also spent time shadowing [more experienced staff] and read up on our policies and procedures." Records showed training covered areas including first aid, moving and handling, safeguarding, food hygiene and fire awareness. The registered manager told us that staff would receive periodic refresher training, although because the service had not been running for more than a year, this had not yet been put in place. Records showed regular spot checks were undertaken on staff which considered key areas such as moving and handling or medicines administration. These spot checks showed that staff demonstrated competence in their roles when supporting people.

Staff were supported in their roles through regular supervision. One staff member told us, "I meet with the manager and we talk about the service, whether I'm happy in the job and any support I need. It's also an opportunity for them to make sure I'm working well." Another staff member said, "I get the support I need. There's supervision but I can always talk to the manager at other times, if I need to." The registered manager confirmed staff would receive an annual appraisal of their performance after completing a year in their roles, although we were unable to check on this at the time of our inspection as none of the staff working for the service had been in post for that long.

Staff were aware to seek consent from people when offering them support. One staff member told us, "I always check to make sure the person I'm assisting is happy with what I'm doing. I can encourage them to do things, but if they don't want to do something, I can't force them." People confirmed staff sought their consent. One person said, "The carers ask before helping me." Another person said, "They [staff] always check; they wouldn't do anything I didn't want them to."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA. The registered manager demonstrated an understanding of the MCA but told us that whilst some of the people using the service had chosen to involve relatives in decisions around their care and support, all of them were able to make decisions for themselves. This was confirmed by staff we spoke with, who told us people made their own choices around the day to day care they provided.

Staff supported people to eat and drink where this was part of their assessed needs. People's care plans included details of any support they required to maintain a balanced diet. For example, one person's care plan included details of their preferred food and drink choices at breakfast and included guidance for staff to ask them what sort of main meal they would like support with at lunchtime. Staff we spoke with were aware of people's nutritional support requirements. People confirmed staff provided them with the support they needed to eat and drink. One person said, "I let the carer know what I want and they'll do it for me." The registered manager told us that if people had any specific dietary requirements, this would be included in their care plan, although none of the people using the service had any specific needs in this area at the time of our inspection.

People told us they, or their relatives were able to make their own arrangements to access healthcare services if they needed. One person told us, "I'm sure the carers would call my doctor if I needed them to." Staff confirmed they were aware to monitor people's health during their visits. They told us that if they had any concerns they would report back to the registered manager, or directly contact the person's GP or call an ambulance if they felt more urgent attention was required. The registered manager also confirmed that staff would be available to support people to attend any appointments they had should this be a requirement.

Is the service caring?

Our findings

People and their relatives told us staff were caring and compassionate. One person said, "They [staff] are caring and treat me respectfully." Another person said, "The carers are excellent. They are considerate and friendly." A relative told us, "They [staff] are helpful and have a caring attitude."

People were supported by a consistent staffing group who got to know them well. One person told us, "My visits are covered by three staff across the week; we get on well." Another person said, "I have a good relationship with them [staff]." A relative commented, "We see familiar faces; we know the carers who visit." Staff we spoke with demonstrated an understanding of people's preferences in the way they liked to receive support. One staff member said, "Once you've visited someone for a while, you get to know how they like things and develop a routine." Staff rotas confirmed that staff were assigned the same people to visit on a regular basis. This enabled them to get to know people's preferences in the way they received support.

People were able to express their views about their care and were involved in making decisions about the support they received. One person told us, "We discuss what I need. I'm able to tell them [staff] what help I need and they will do it." Another person said, "They know what I need them to do, but they are guided by me. For example, I'll pick what I want to wear, or what I want for lunch." Staff were aware of the importance of maintaining good communication with the people they supported. They told us that the people using the service were able to direct their own care and that they followed their lead when offering them support.

People and their relatives told us staff treated them with dignity and respected their privacy. One person said, "They [staff] respect my privacy and are respectful and polite." A relative told us, "The staff respect [their loved one's] privacy. There are always people coming and going in our house and the staff always make sure [their loved one's] door is closed when providing care."

Staff told us they supported people in ways which maintained their dignity and respected their privacy. One staff member said, "I provide support in the way I would want to be supported. If I'm helping someone to wash, I'll make sure they're covered up as much as possible while I support them." Staff also confirmed the other steps they took to ensure people's privacy and dignity were maintained, for example by closing doors and curtains when supporting them to wash or change, or by knocking on their bedroom doors before entering.

People's individual needs with regard to their disability, race, sexual orientation, religion and gender were considered by the service so that their needs and preferences could be met. Senior staff told us the service was non-discriminatory and open to supporting people in the way which best met their individual needs. They explained any such requirements that people had would be incorporated in to their care plans. However, at the time of our inspection, none of the people receiving support had any specific support needs in these areas.

People were provided with information about the service in a 'service user guide'. This included details about the standard of care people could expect when receiving the service, information about the provider's

philosophy and values, and guidance on the provider's complaints procedure, should they wish to use it.

Is the service responsive?

Our findings

People told us they received support which met their individual needs and preferences. One person told us, "We discussed my care when I started using the service and I explained what I wanted help with. I'm pleased with how things have worked out." Another person said, "If I need anything extra doing on the day, they're always happy to help."

Senior staff undertook an assessment of people's needs before they started receiving the service to help determine how their preferences in the way they received support could be met. Care plans were developed from these assessments which reflected people's individual needs and preferences. For example, one person's care plan included information about the support they required during three daily visits. The care plan included details such as how they preferred to be addressed by staff, the way in which they liked their hot drinks to be prepared, where they preferred to eat their meals and information about the things they liked to do independently.

The registered manager told us care plans were periodically reviewed to ensure they remained reflective of people's current needs, or following any changes in their condition. The care plans we reviewed were not dated so we were unable to check on this, although people told us the support they received reflected their current needs. One relative told us, "We've not needed any changes [to their loved one's care plan], but I'm sure they'd accommodate anything we asked for." Staff we spoke with were aware to report any changes in people's health back to the registered manager so that this could be followed up with a review if needed. The registered manager told us that she would update people's care plans to include the date of last review following our inspection.

People were supported to maintain their independence. One person said, "I get the help I need, but am able to do other things myself. For example, I can take most of my medicines without help from the carers, but do need help with one, so they do this for me." The registered manager confirmed that the people using the service were able to do many things independently and this was encouraged. One staff member told us, "I support people to maintain their mobility by helping them with light exercises. I also involve people in their support, such as when I'm helping them wash, by encouraging them to be independent where they can."

People told us they knew how to complain and expressed confidence that any concerns they raised would be addressed by the provider. The provider had a complaints procedure in place which gave guidance to people on how they could make a complaint, including details as to what they could expect in response and who they could contact if they remained unhappy with the outcome. One person told us, "If I had any concerns I'd speak to [the deputy manager] who would sort things out." The registered manager told us that the service had received no complaints at the time of our inspection which was reflective of the feedback we received from the people we spoke with.

Is the service well-led?

Our findings

People and their relatives spoke positively about the management of the service and told us it was well run. One person said, "The deputy manager is excellent; very capable and does a great job – ten out of ten!" Another person said, "The service seems well run; they let me know about any changes or if there's a delay." A relative said, "The service is well managed. The manager often gets in touch to check on how things are going." However, whilst people's feedback in this area was positive, we found some concerns with aspects of the management of the service.

The provider did not have comprehensive systems in place to monitor the quality and safety of the service provided to people. For example, staff confirmed that they did not undertake audits of people's care plans or of staff records. This meant they not identified that people did not always have relevant risk assessments in place, or that staff files did not consistently include copies of information required under current regulations.

The provider's systems for recording information were also not always robust. For example, one person's medicines risk assessment referred to them as being two different people at different points. This meant it was not clear if the assessment was an accurate reflection of the person's needs. In another example we found staff supervision records were all identical in terms of the questions asked, and responses received from staff which meant we could not be assured that the records were an accurate reflection of the discussions which had been held.

These issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).

Where the provider had put quality assurance systems in place, these helped drive improvements. We saw examples of spot checks having been conducted by staff, and reviews of people's Medicine Administration Records (MARs) and daily notes to ensure these had been completed correctly. Records showed action had been taken in response to any identified issues. For example, where a spot check had identified one person as being unhappy with staff being late on occasion, we saw additional checks had been made on arrival times which noted improvements.

There was a registered manager in post at the time of our inspection who had been in post since the service had been registered in 2016. They demonstrated an understanding of the requirements of being a registered manager and their legal responsibilities with regard to the Health and Social Care Act 2008 and associated regulations.

Staff spoke positively about the registered manager and the management of the service. One staff member said, "The manager and the office team are all very supportive. Any issues I've had have been sorted out straight away." Another staff member said, "I'm happy with the support I get from the office. They're always calling to check we're OK." All of the staff we spoke with confirmed they were happy in their current roles and told us they felt they worked well as a team.

The provider also conducted regular staff meetings where staff could discuss areas of good practice or any issues they were experiencing. One staff member said, "We have staff meetings where we discuss the running of the service. It's a chance to be reminded of good practice. For example, we recently went over recording on Medicine Administration Records so that we were all clear on what we should be doing."

The provider sought feedback from people regarding their views on the service, although these were not always formal. The registered manager explained that senior staff were in regular contact with people and their relatives where appropriate, to ensure they were happy with the service provision and this was confirmed by the people we spoke with. However, the registered manager also explained that because the service was still small, details of this contact were not always recorded where there were no issues. The confirmed that they would be implementing more formal processes as the service developed, including an annual survey. We will check on the progress of this at our next inspection. All of the people and relatives we spoke with expressed their satisfaction with the service they received and told us they had no problems that needed addressing.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Risks to people had not always been assessed to ensure that all possible action had been taken to mitigate any such risks.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems to monitor and improve the quality and safety of service provision were not always in place to identify issues and drive improvements. Records relating to the carrying out of regulated activity were not always accurate.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Recruitment procedures had not always been effectively operated to ensure staff were of good character or had the right skills and experience.</p>